

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90054 006 ****61.25

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DOCUMENT # 733253

1. Corporation Name

ORMOND BEACH FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST) INC.

Principal Place of Business

(DISCIPLES OF CHRIST)
50 SEVILLE STREET
ORMOND BEACH FL 32174-7647

Mailing Address

(DISCIPLES OF CHRIST)
50 SEVILLE STREET
ORMOND BEACH FL 32174-7647



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/09/1975

4. FEI Number

23-7438179

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MARTIN, BETTY L
395 S. ATLANTIC AVE. #204
ORMOND BCH FL 32176

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CD**
SIMMS, GENNY
STREET ADDRESS **307 HOPKINS AVE**
CITY-ST-ZIP **HOLLY HILL FL**

TITLE ☐ DELETE

NAME **V**
HIBBS, ROBERT
STREET ADDRESS **2803 GLENWOOD AVE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE ☐ DELETE

NAME **SD**
WALTERS, JAN
STREET ADDRESS **28 SUNNY BCG. DR.**
CITY-ST-ZIP **ORMOND BCH. FL**

TITLE ☐ DELETE

NAME **TD**
MARTIN, BETTY
STREET ADDRESS **395 S ATLANTIC, #204**
CITY-ST-ZIP **ORMOND BCH FL**

TITLE ☐ DELETE

NAME **SD**
COLEMAN, MILDRED
STREET ADDRESS **3 FAIR OAKS CIRLCE**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☐ DELETE

NAME **CD**
DANCHIK, CLAUDIA
STREET ADDRESS **3041 ROLLINS AVENUE**
CITY-ST-ZIP **DAYTONA BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **CD**
RAMEY, DAVID M.
1.3 STREET ADDRESS **Rt. 4, 744 Pringle Rd.**
1.4 CITY-ST-ZIP **Port Orange, FL 32127**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **V**
Danchik, Claudia
2.3 STREET ADDRESS **2041 Rollins Av.**
2.4 CITY-ST-ZIP **Daytona Beach, FL 32118**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Betty L. Martin** **SIGNATURE REQUIRED**

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (11/98)